

		Revised 2007 Audiology Fee Schedule	
		Coverage <u>only</u> for KY Medicaid recipients under age 21	
Procedure Code	Procedure Name	Procedure Rate	Comments
92552	Pure Tone audiometry (threshold); air only	\$12.24	Audiology testing requires a Physician's referral
92555	Speech audiometry threshold	\$10.63	
92556	Speech audiometry threshold; with speech recognition	\$15.94	
92557	Comprehensive audiometry evaluation	\$33.47	
92567	Tympanometry	\$14.87	
92568	Acoustic reflex testing	\$10.63	
92579	Visual reinforcement audiometry	\$20.21	
92585	Auditory evoked potentials	\$109.38	
92587	Evoked otoacoustic emissions	\$43.18	
92588	Comp. or diagnostic eval (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and freq.)	\$60.05	
92541	Spontaneous nystagmus test	\$31.41	
92542	Positional nystagmus test	\$27.75	
92543	Caloric vestibular test	\$35.33	
92544	Optokinetic nystagmus test	\$21.45	
92545	Oscillating tracking test	\$18.45	
92546	Sinusoidal vertical axis rotational testing	\$23.94	
92547	Use of vertical electrodes	\$15.67	
V5010	ASSESSMENT FOR HEARING AID	\$26.00	
V5011	SIX-MONTH CHECK-UP	\$5.00	
V5014	PROF FEE+REPAIR OF AID (maximum allowable amount)	\$115.00	
V5020	CONFORMITY EVALUATION	\$9.75	UP TO 3 VISITS WITHIN 6 MO PERIOD
V5030	BODY-WORN HEARING AID AIR	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5040	BODY-WORN HEARING AID BONE	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5050	HEARING AID MONAURAL IN EAR	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5060	BEHIND EAR HEARING AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5090	HEARING AID DISPENSING FEE	\$75.00	
V5120	BINAURAL BODY AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5130	IN EAR HEARING AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5140	BEHIND EAR HEARING AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5160	DISPENSING FEE, BINAURAL	\$100.00	
V5170	WITHIN EAR CROS HEARING AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5180	BEHIND EAR CROS HEARING AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5210	IN EAR BICROS HEARING AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO

V5220	BEHIND EAR BICROS HEARING AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5264	EARMOLD	\$40.00	
V5266	REPLACEMENT BATTERY	\$2.00	TO BE BILLED ONLY WITH V5030, V5040, V5050, V5060, V5170, V5180, V5210 AND V5221
V5299	ADAP HEARING AID WITH BONE OSCILLATOR/ HEADBAND	\$60.00	
V5267	PROF FEE-REPLACE CORD	\$21.50	
	NOTICE: ANY AUDIOLOGY/HEARING CLAIM THAT REQUIRES THE SUBMISSION OF AN INVOICE MUST BE SUBMITTED VIA A PAPER CLAIM.		